

DECLARATION — Utility or Design Patent Application

Direct all correspondence to ☒ Customer Number 24386 OR ☐ Correspondence address below

Name ROBERT W. PITTS

Address PO BOX 11483

Address

City WINSTON-SALEM State NC ZIP 27116-1483

Country US Telephone 336-759-2800 Fax 336-759-2880

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name WILLIAM RAYMOND
(first and middle [if any])

Family Name PRICE
or Surname

Inventor's
Signature

12-20-2001
Date

Residence: City WINSTON-SALEM State NC Country US Citizenship US

Mailing Address 1452 RIDGEMERE LANE

Mailing Address

City WINSTON-SALEM State NC ZIP 27106 Country US

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])

Family Name
or Surname

Inventor's
Signature

Date

Residence: City State Country Citizenship

Mailing Address

Mailing Address

City State ZIP Country

☐ Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO SB 02A attached hereto